Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date;	<u>5-9-08</u>	Address:	<u>1100 East 1 1/4 mile</u>	
Case #:	<u>13-73137</u>		south of U.S. 30	
County:	<u>Starke</u>		Groveriown, IN	
Type of Laboratory Scizure (check one)		Scizure Location (check all that apply)		
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): Open Air in back pack ☐ Red Phosphorous/Iodine Reaction(s): ☐ Illumnable Solvents: Open air in back pack ☐ Water Reactive Metal (Lithium): ☐ Anhydrous Ammonia: Open air in back pack				
Hydrochloric Acid Gas Generator(s); Corrosive Acid;				
 ☐ Other (item and location): 				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrin ☐ Retail/Ma	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:				
Health Dep	ment: <u>Koontz Lake-Orgen Fire</u> artment: <u>Starke Co.</u> ction Service: <u>N/A</u>	Fax: <u>574-7</u> Fax: <u>(574)</u> Fax:	772-80 35	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>574-546-4900</u>				

^{**} This form is to be faxed to the Pire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.